						Uhw		
9 5	100			Complete if Known				
	as took E		Application Nur	mber	09/508,510			
OCI	TRANSMITTAL F		Filing Date		May 26, 2000			
N7 1	be used for all correspondence	after in	nitial filing)	First Named In	ventor	Tschope et. al.		
				Examiner Nam	е	ANDRES, Janet L.		
				Group Art Unit		1646		
	Total Number of Pages in Th		his Submission Attorney Dock		t Numbe	er 2923-495		
		ENCL	OSURES (chec	k all that appl	y)			
X	Fee Transmittal Form	ransmittal Form Assignment Pa		pers		After Allowance Communication to Group		
	X Fee Attached \$430.00	▼ Fee Attached \$430.00 □ Drawing(s)				Appeal Communication to		
X	Amendment/Reply		d Papers		Board of Appeals and interferences			
	After Final		Petition		П	Appeal Communication to		
	Affidavits/declaration(s)		Petition to Conv Provisional App			Group (Appeal Notice, Brief, Reply Brief)		
X	Extension of Time Request 2 months		Power of Attorne			Proprietary Information Status Letter		
	Express Abandonment Request		Address	,				
	Information Disclosure		Terminal Discla	imer		Other Enclosure(s) (please identify below):		
	Statement Request for Re		und -	_	identity below).			
	Certified Copy of Priority Document(s)		CD, Number of	CD(s)				
	Response to Missing Parts/ Incomplete Application			REMARKS:				
	Response to Missing Parts under 37 CFR 1.52 or 1.53							

SUBMITTED BY	Complete (if applicable)				
NAME AND REG. NUMBER	Patrick T. Skacel, Reg. N	io. 47,	948		
SIGNATURE	THE .	DATE	October 25, 2004	DEPOSIT ACCOUNT USER ID	

		Complete if Known					
		Application Number	09/508,510				
OIPE REE TRANS		Filing Date	May 26, 2000				
for FY 2005  CLarge Entity)		First Named Inventor	Tschope et al.				
		Examiner Name	Andres, Janet L.				
~		Group Art Unit	1646				
Total Amount of Payment (\$)430.00		Attorney Docket Number	2923-495				

METHO	<b>DD OF PAYMENT</b> (che	ck or	ne)		FEE (	CALCUI	<b>LATION</b> (continued)		
1. X	The Commissioner is hereb	ov auth	orized to charge		3. AD	DITION	NAL FEES		
٠٠ ا	additional fees and credit a				Fee	Fee			
	Deposit Account Number 0			:	Code	Paid	Fee Description		Fee Paid
	Rothwell, Figg, Ernst & Mar		0 111 1110 11111110 01		1051	130	Surcharge - late filing fe	e or oath	[ ]
	Notified, Figg, Emst & Mai	IDCON.			1052	50	Surcharge - late provision		i i
							or cover sheet		
X	Charge any Additional Fee	Requi	ed Under		1053	130	Non-English specification	อก	f 1
	37 CFR 1.16 and 1.17				1812	2,520	For filing a request for re		i i
					1804	920	Requesting publication		i i
	Applicant claims small entit	tv statu	ıs				prior to Examiner action		
_	, , ,	•			1804	1,840*	Requesting publication		[ ]
2. X	Daymant England					.,00	after Examiner action		
2. X	Payment Enclosed				1251	110	Extension for reply withi	n first month	f 1
	X Check				1252	430	Extension for reply with		[430.00]
	Credit Card				1253	980	Extension for reply withi		1
	Ground Guild				1254	1,530	Extension for reply withi		i i
EEE C	ALCULATION				1255	2,080	Extension for reply withi		i i
FEE CA	RECOLATION				1401	340	Notice of Appeal		ों ां
					1402	340	Filing a brief in support	of an anneal	ii
1. FILII	NG FEE				1403	300	Request for Oral Hearing		i i
Fee Fe	e				1451	1,510	Petition to institute a pu		; i
Code	\$ Fee Description		Fee Paid		1452	110	Petition to revive -unavo		i i
	00 Utility filing fee		[ ]		1453	1,370	Petition to revive - unint		1 1
1002 3	50 Design Filing Fee		į į		1501	1,370	Utility issue fee (or reiss		i i
	50 Plant Filing Fee		į į		1502	490	Design issue fee	ac,	i i
	00 Reissue Filing Fee		į į		1503	660	Plant issue fee		; ;
	60 Provisional Filing Fee		i i		1460	130	Petitions to the Commis	sioner	+ +
			. ,		1807	50	Processing fee under 37		}
	SUBTO	ΓΔΙ	\$0.00		1806	180		on Disclosure Statement	}
	008101		Ψ0.00		8021	40		assignment per property	
0 01 4	IMC				0021	40	(times number of prop		. ,
2. CLA					1809	790	Filing a submission afte		r 1
		xtra			1009	190	(37 CFR .129(a))	i ililai rejection	1 1
	Cla	aims	Fee Fee		1810	790	For each additional inve	ention to be	1
Paid		_			1010	7 30	examined (37 CFR 1.1		1 1
Total Cla		] x	\$18 = [	J	1801	790	Request for Continued		r 1
Independ				_					[ ]
Claims	[4 ] - 4** = [0	] x	88 = [	]	1802	900	Request for expedited	examination	f 1
Multiple [	Dependent Claims	+	300 = [	1	4504	200	of a design application	valuntani or	r 1
					1504	300	Publication fee for early	, voluntary, or	l i
**or numi	ber previously paid, if greate	r;			4505	000	normal publication		r 1
					1505	300	Publication fee for repul		ļ
	SUBTO	TAL	\$		1455	200	Filing application for pat		1 1
					1456	400	Request for reinstatem	ent of term reduced	l l
					Other fo	ee (speci	iy)		ı J
									<b>*</b> 400 00
					* Redu	ced by Ba	asic Filing Fee Paid	SUBTOTAL	\$430.00

SUBMITTED BY	Complete (if applicable)			
NAME AND REG. NUMBER				
SIGNATURE	faffel	DATE	October 25, 2004	DEPOSIT ACCOUNT USER ID